**Controlled Substances Annual Inventory Record**

 (Use a separate line for each container)

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| --- |
| **CONTACT INFORMATION** |
| **Registrant Name:** |  | **Date:** |  |
| **DEA Registration #:** |  | **CSL #:** |  |
| **Time:**  |  | [ ]  **AM**[ ]  **PM** | [ ]  **Open of Business**[ ]  **Close of Business** |
| **Person Completing Inventory:** |  | **Signature:** |  |
| **Schedule(s):** | [ ]  **I and II** (Must use separate record) | [ ]  **III, IV, and V** |
| **CONTROLLED SUBSTANCE ANNUAL INVENTORY** |
| **Controlled Substance**  | **Form** | **Strength** | **Quantity**  | **Comments** |
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* **Add more lines as necessary**